

8/19/2016 https://www.esiprovider.com/index.jsp?CFID=1148703&CFTOKEN=c6c99a05fbcba41a-6A2601EE-BF07-9EC2-D51727429AE38EBD&action=DataEntr...

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Please do not press the BACK button in your browser toolbar.

Questions or fields denoted with **♦** are Required. (Requirements may change depending on other values entered or omitted)[Return To Task List](#)**Express Scripts Final Re-Credentialing**

This document has already been e-signed and is read-only.

General Information

♦ NCPDP: **5907449**
(National Council Prescription
Drug Program number)

♦ NPI: **1912251885**
(National Provider Identifier)

♦ Federal Tax ID: **455238832**
(no dashes)

♦ Pharmacy Name: Omni-One-Med Pharmacy

♦ Legal Name: Omni-One-Med Pharmacy
Services, LLC
(if different than call name)

♦ Address: **17310 W. Grand Parkway S,**
Ste. E

♦ City: Sugar Land

♦ State/Province: TX

♦ Zip/Postal Code: 77479

♦ Country: United States

♦ Phone Number: 8325545008

♦ Is this a landline? Yes No

♦ Fax Number: 8325545009

♦ County: FORT BEND

♦ How long has pharmacy been at this address? **4** (# of Years)

of Months: 0

♦ Contact Person: PIC

Current Owner

♦ First Name: Hemlata

Middle Initial:

♦ Last Name: Kataria

♦ Email Address: licensing@omnionemed.com

♦ Are you authorized to sign on the owner's behalf? Yes No

Other Individual Authorized to Sign On Owner's Behalf

First Name:

Middle Initial:

Last Name:

Email Address:

**GOVERNMENT
EXHIBIT**

318

4:18-CR-368

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Is mailing address different from physical address? Yes No

Mailing Address
(if different than physical address)

City

State/Province

Zip/Postal Code

Country United States

Name to be printed on check: Omni-One-Med pharmacy

Is remittance address different from physical and mailing address? Yes No

Remittance Address
(if different than mailing and/or physical address)

City

State/Province

Zip/Postal Code

Country United States

List names and license #'s of all Pharmacists employed

Pharmacist/Prescriber in Charge:

First: Hemlata

Middle:

Last: Kataria

License #: 52862

License Expiration Date: 03/31/2017

Pharmacist

First Name: Tharun

Middle Name:

Last Name: Philip

License #: 53043

Add Pharmacist

Type of Practice:

Indicate the anticipated percentage of Rx volume in each setting

Practice Types
Total of below categories MUST equal 100%

Open Door Retail/Community

Percentage: 92.00

Closed Door/ Clinic Facility

Percentage: 0.00

Mail Order

Percentage: 0.00

Nursing Home/LTC

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Percentage: 0.00

Internet Pharmacy

Percentage: 0.00

Home Infusion

Percentage: 0.00

Self Administered Injectable/Specialty

♦ Percentage: 4.00

Other

♦ Percentage: 4.00

♦ List other: Non sterile compounding

If Mail Order, does the Pharmacy conduct mail order locally, out of state, or both?

Local

Out of State

If Internet Pharmacy, does the Pharmacy fill new prescriptions; refill prescriptions or both?

New

Refills

Refill % 0.00

Dispensing Percentages

Total of the below categories does NOT have to equal 100%

Medicaid

Percentage: 0.00

Medicare

♦ Percentage: 30.00

Workers Comp

Percentage: 0.00

340B

Percentage: 0.00

Compounds

♦ Percentage: 4.00

If the Compounding Percentage
>= 5%, does Pharmacy ship to
other states?

If Yes, list states

Dispensing Physician

Percentage: 0.00

Business Information

♦ Do you dispense controlled substances? Yes No

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Federal DEA #: FO35394B4

DEA License Expiration Date: 12/31/2018

State Tax ID: 32047903235

State of Incorporation: TX

Is this pharmacy a Medicaid provider? Yes No

Medicaid Licenses

Medicaid #:

State where Medicaid Number was issued

Add Medicaid Number

Insurance Carrier: Evanston Insurance Company

Liability Insurance Expiration Date: 11/19/2016

Software Vendor: PK

Switch Company: RSI

Email address:

Pharmacy Website URL:

This pharmacy does not have a website

Hours of Operation
(hh:mm or h:mm)

Open 24 Hours

Monday - Friday From:

AM PM

To: 5:30

AM PM

Closed Saturday

Saturday From:

AM PM

To: 1:00

AM PM

Closed Sunday

Sunday From:

AM PM

To:

AM PM

Closed Holidays

Holidays From:

AM PM

To:

AM PM

Services Offered

E-Prescribing

Vendor

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- Braille Labeling
 - Emergency Services
 - Handicap Access
 - Drive-Through
 - TTY (Hearing Impaired)
 - Delivery Service
- ⇒ Mileage: 25
 Out of State

Questionnaire Section

- 1 ◊ Is this pharmacy an open-door pharmacy that fills prescriptions for all walk-in customers without restrictions?

If no, please provide detailed explanation of pharmacy restrictions:

- 2 ◊ Do you maintain electronic patient profiles?

- 3 ◊ Do you review prescriptions dispensed for drug interactions?

- 4 ◊ Are you currently affiliated with a buying group or co-op other than a PSAO (e.g., GPO)?

If yes, please list the name(s) of affiliated buying group(s):

- 5 ◊ Has the pharmacy (or another pharmacy you have owned) been disciplined by a State Board of Pharmacy, government entity or any other regulatory authority (i.e. State or Federal DEA or State Medicaid Department)?

If yes, please provide explanation of action taken, and attach board order letter, and any other supporting documents from the State Board of Pharmacy, government entity, or other regulatory authority.

- 6 ◊ Have any of the pharmacists, pharmacy technicians, owner or employee(s) of the pharmacy been disciplined by the State Board of Pharmacy, a government entity, or any other regulatory authority (i.e. State or Federal DEA or State Medicaid Department) in the last 10 years?

If yes, please provide details and attach letter(s) of disciplinary action.

- 7 ◊ Presently, or at any time in the last 10 years, has the pharmacy, its owner(s)/principal(s) or any of its pharmacists been the subject of a civil lawsuit or criminal prosecution involving fraud, deceit, deception or a similar offense involving moral turpitude?

If yes, please provide a detailed explanation:

- 8 ◊ In the last 10 years, has the pharmacy or any of its

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owners/principals filed for bankruptcy, reorganization, or made a general assignment in favor of creditors?

If yes, please provide a detailed explanation:

- 9 Presently, or at any time in the last 10 years, has the pharmacy, its owner(s)/principal(s), its pharmacists, or any of its employees been suspended or excluded by the Office of Inspector General (OIG) from participating in any federal or state health care program (e.g., Medicare, Medicaid, TRICARE) or by the General Services Administration (GSA) from participating in any government contract/services?

If yes, please provide detailed explanation including applicable dates:

- 10 Have any of the owner(s), member(s)/principal(s), officers, or directors of the Pharmacy owned any other Pharmacy(ies)?

If yes, please provide a list of the pharmacies, their NCPDP number(s), and the names of the owners, entity member(s)/principal(s), officers and directors:

Pharmacy Name:

NCPDP:

Owners, entity member(s)/principal(s), officers and directors:

Add Pharmacy

- 11 Has the pharmacy ever changed names?

If yes, please provide a list of the previous name(s), NCPDP number(s) if different, and the date(s) the name changed:

Previous Name:

NCPDP:

Date:

(MM/DD/YYYY)

Add Previous Name

- 12 Has the pharmacy ever undergone a change in ownership?

If yes, please provide a list of the previous owner's name(s), ownership dates, and NCPDP number(s) if different:

Previous Owner Name: Oliver Anosike

NCPDP:

Date: 01/15/2014

(MM/DD/YYYY)

Add Previous Owner

- 13 In the past three (3) years, has any vendor providing services, supplies or medications to this Pharmacy, been excluded from participation in Federal or state health care program or government contract, or been otherwise subject to any

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restriction by the OIG or other state or government agency?

If yes, please attach detailed explanation including applicable dates.

- 14 Has the pharmacy obtained any accreditations/certifications (e.g., PCAB, ACHC, The Joint Commission, URAC, VIPPS, etc.)? Yes No
If so, please submit a copy of certification(s).

- 15 Does the owner/pharmacist-in-charge currently hold any non-resident state licensure(s)? Yes No
If yes, please submit a copy of license(s).

- 16 Does the pharmacy provide sterile compounding medications? Yes No
If yes please provide most current certification document (e.g., PCAB, air flow hood/HCPA filtration, etc.).

Indicate all languages other than English spoken by staff within this pharmacy and languages in which prescription drug labels can be provided

All Languages listed below

Arabic Language
 Label

Armenian Language
 Label

Cambodian Language
 Label

Chinese Language
 Label

Farsi Language
 Label

French Language
 Label

Hindi Language
 Label

Indian Language
 Label

Japanese Language
 Label

Korean Language
 Label

Mandarin Chinese Language
 Label

Russian Language

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	<input type="checkbox"/> Label
Spanish	<input checked="" type="checkbox"/> Language
	<input type="checkbox"/> Label
Tagalog	<input checked="" type="checkbox"/> Language
	<input type="checkbox"/> Label
Vietnamese	<input checked="" type="checkbox"/> Language
	<input type="checkbox"/> Label
Other	<input checked="" type="checkbox"/> Language
	<input type="checkbox"/> Label
	Other Languages Serbian

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